

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, September 28, 2012 at the hour of 7:30 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

## **I. Attendance/Call to Order**

Chairman Carvalho called the meeting to order; a quorum was not present, so the Board began to receive information. At approximately 7:35 A.M., a quorum was present; at this time, the Board began to consider the items presented.

Present: Chairman David Carvalho and Directors Edward L. Michael; Luis Muñoz, MD, MPH; Heather E. O'Donnell, JD, LL.M.; Carmen Velasquez; and Dorene P. Wiese, EdD (6)

Absent: Vice Chairman Jorge Ramirez and Directors Hon. Jerry Butler; Quin R. Golden; and Reverend Calvin S. Morris, PhD (4)

Additional attendees and/or presenters were:

Anna Ashcraft - Cook County Real Estate  
Management Division

Gina Besenhofer – System Director of Supply Chain  
Management

John Cookinham – System Chief Financial Officer  
Krishna Das, MD – System Interim Director of  
Quality and Patient Safety

Patrick T. Driscoll, Jr. – State's Attorney's Office  
Claudia Fegan, MD – John H. Stroger, Jr. Hospital of  
Cook County

Helen Haynes – System Associate General Counsel  
Mindy Malecki – System Director of Risk  
Management

Terry Mason, MD – System Chief Medical Officer  
Maureen O'Donnell – System Interim Chief Human  
Resource Officer and Chief, Cook County Bureau  
of Human Resources

Ram Raju, MD, MBA, FACS, FACHE – Chief  
Executive Officer

Elizabeth Reidy – System General Counsel  
Tanda Russell – System Interim Chief Nursing  
Officer

Deborah Santana – Secretary to the Board  
Carol Schneider – System Chief Operating Officer

## **II. Public Speakers**

Chairman Carvalho asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. David Goldberg, MD President of the Executive Medical Staff, John H. Stroger, Jr. Hospital of Cook County
2. Deother Cook Union Representative, SEIU Local 1
3. George Blakemore Concerned Citizen

## **III. Board and Committee Reports**

### **A. Minutes of the Board of Directors Meeting, September 5, 2012**

Director Velasquez, seconded by Director Muñoz, moved the approval of the minutes of the Board of Directors Meeting of September 5, 2012. THE MOTION CARRIED UNANIMOUSLY.

### **III. Board and Committee Reports (continued)**

#### **B. \*\*Minutes of the Audit and Compliance Committee Meeting, September 11, 2012**

Director Muñoz, seconded by Director O'Donnell, moved the approval of the minutes of the Audit and Compliance Committee Meeting of September 11, 2012. THE MOTION CARRIED UNANIMOUSLY.

#### **C. Minutes of the Finance Committee Meeting, September 21, 2012**

Director O'Donnell stated that at the Finance Committee Meeting, the Committee discussed the subject of grants received by the System that do not cover the costs of providing those services; she noted that it was requested that the administration reflect that information in the transmittals for those grants in the future. She added that, in receiving this information, this does not mean that the Board is making any decisions as to not funding these programs; however, it is important information that the Board needs to know.

Chairman Carvalho indicated that following the Finance Committee Meeting, there was a communication sent from Noreen Lanahan, Director of Finance for the Cook County Department of Public Health (CCDPH), that provided additional information on funding and program costs for the grant requests; he recalled that for most of the grants, the grant covers the cost; with respect to the Women, Infants and Children (WIC) grant, he believed that Ms. Lanahan identified \$500,000 in costs that are not covered. He requested that the reports that the Board received on the subject last year from the former Chief Operating Officer of CCDPH be retrieved and forwarded to him for purposes of comparison<sup>1</sup>, because his recollection was that the costs not covered by the grant were higher; either something has changed or perhaps Ms. Lanahan has used a different methodology. He added that his questions on the subject relate to wanting to be informed, rather than being an issue of wanting to revisit the question determined last year to continue to provide services as a vendor for the State for these services. The consensus of the Board was that providing WIC services at System clinics was a good thing for the County to be doing for a number of reasons, albeit at a loss.

Director Michael requested that in the future, in addition to disclosing the amount of costs relating to grants, it would be helpful for the administration to give the Board an assessment of the following: if there are costs that are not covered by the grant, why it is being recommended to go forward with the grant, and why the System can provide that service better than others can<sup>2</sup>. This will be beneficial for the Board to evaluate these grants going forward, so that the Board is not unaware of any implication in accepting these grants.

One of the other subjects discussed at the Finance Committee Meeting was regarding the staffing levels for screening and processing patients through the CareLink Program. In response to the question of current staffing levels, John Cookinham, System Chief Financial Officer, stated that he can provide further information on the number of full-time equivalent employees (FTEs) engaged in this activity<sup>3</sup>. He stated that there is staffing at the three (3) hub facilities (Provident and Stroger Hospitals and Oak Forest Health Center) all of the time; there is not full-time staff at every one of the community clinics. Patients can apply for CareLink at the clinics; he believed that there are staff at a couple of the clinics who are able to process a Medicaid application and/or process an application for CareLink.

### **III. Board and Committee Reports**

#### **C. Minutes of the Finance Committee Meeting, September 21, 2012 (continued)**

With regard to the question of how many patients are screened for the CareLink Program, Mr. Cookinham stated that every inpatient admission is screened. Currently, outpatient patients are screened upon their request; there is not an adequate number of staff to screen all patients on the outpatient side that are seen on a daily basis. Director O'Donnell noted that this subject will become more important, particularly as the System moves to a medical home model and more into primary care. Mr. Cookinham indicated that on a go-forward basis, the System is going to change the application process under the Waiver and for the CareLink Program, in order to facilitate the enrollment process; he believes that the System will be able to reach a much larger population under a reconfigured application process. Dr. Ram Raju, Chief Executive Officer, noted that request number 2 under the Contracts and Procurement Items relates to this subject; this is a request to amend the contract with Chamberlin Edmonds and Associates/Emdeon (CEA) to redesign and expand the delivery of eligibility and enrollment services to accommodate enrollment under the 1115 Waiver Demonstration Project.

Director O'Donnell, seconded by Director Muñoz, moved the approval of the minutes of the Finance Committee Meeting of September 21, 2012. THE MOTION CARRIED.

Chairman Carvalho voted PRESENT on request numbers 2, 9 and 10 under the Contracts and Procurement Items contained within the Minutes.

#### **D. \*\*Minutes of the Human Resources Committee Meeting, September 21, 2012**

During the presentation of the minutes, the Board discussed the subject of hiring processes and the staffing needs of the System. Maureen O'Donnell, System Interim Chief Human Resource Officer and Chief of the Cook County Bureau of Human Resources, stated that they have been working with the Shakman office on developing a process for those executive positions so that Dr. Ram Raju, Chief Executive Officer, has a more expedited and streamlined process for bringing in people who really have the skill sets that are necessary to transform the System. Chairman Carvalho noted that any such hires will continue to be "on the merits"; that political considerations will continue to be prohibited.

Director Wiese, seconded by Director O'Donnell, moved the approval of the minutes of the Human Resources Committee Meeting of September 21, 2012. THE MOTION CARRIED UNANIMOUSLY.

### **IV. Action Items**

#### **A. Proposed Resolution authorizing the Chief Executive Officer to approve and enter into certain transactions in support of the 1115 Waiver Demonstration Project and Medicaid Managed Care arrangements (Attachment #1)**

Helen Haynes, System Associate General Counsel, provided an overview of the proposed Resolution. It was noted that this was first presented and discussed at the Finance Committee. A revision had been requested at that meeting to include language similar to that contained in the System's Procurement Policy, requiring a log to be maintained and posted on the System's website by the Supply Chain Director of communications on transactions related to this subject from individuals outside of the System.

#### **IV. Action Items**

##### **A. Proposed Resolution (continued)**

Additionally, Ms. Haynes noted a key point in the second paragraph of the proposed Resolution. This section addresses payments that will be made to out-of-network providers in order to facilitate the operation of the network; she highlighted this information, in order to be clear that, following approval of this proposed Resolution by the Board, those payments will be authorized to be made as part of the System's overarching Waiver Program.

Director O'Donnell, seconded by Director Velasquez, moved the approval of the proposed Resolution authorizing the Chief Executive Officer to approve and enter into certain transactions in support of the 1115 Waiver Demonstration Project and Medicaid Managed Care arrangements. THE MOTION CARRIED UNANIMOUSLY.

##### **B. Proposed Intergovernmental Agreement between the County of Cook, CCHHS and the State of Illinois, for use of the Oak Forest Health Center's Kitchen, for preparation of flash-frozen meals for the State's Elisabeth Ludeman Center Food Service program to be delivered off-site (Attachment #2)**

Anna Ashcraft, Director of the Cook County Real Estate Management Division, provided an overview of the item presented for the Board's consideration. The Board reviewed and discussed the request.

Director Michael, seconded by Director O'Donnell, moved the approval of the proposed Intergovernmental Agreement. THE MOTION CARRIED UNANIMOUSLY.

##### **C. Contracts and Procurement Items (Attachment #3)**

Gina Besenhofer, System Director of Supply Chain Management, presented the requests for the Board's consideration. She noted that request number 1 is being withdrawn at this time, as the vendor has not met the requirements regarding Contract Compliance goals. The Board reviewed and discussed the requests.

Chairman Carvalho inquired further regarding request number 1. He noted that this request is for a contract with an existing vendor; he asked for further information on the question of an existing vendor who may not be meeting Contract Compliance goals. Ms. Besenhofer responded that this contract has been in place for a couple of years. As part of the review and recommendation from the County's Office of Contract Compliance to move forward with a proposed contractual request, there is usually a compliance plan that has been put together by the company to follow. When staff from the Office of Contract Compliance went back to review whether this company had met their committed requirements, the staff found that the company had not. Contract Compliance staff has reached out to the company; at this point, the company has not yet complied.

Ms. Haynes and Dr. Raju provided an overview of request number 2. During the review of the item, the subject of contingency contracts was discussed. Director Muñoz noted that contingency contracts need to have specific deliverables, timelines and thresholds that are monitored. Director O'Donnell stated that, as this contract amendment is regarding enrolling people, there are hard and fast benchmarks that are easily identifiable; the System will be able to track CEA's activities. Dr. Raju stated that, as part of the Waiver

#### **IV. Action Items**

##### **C. Contracts and Procurement Items (continued)**

updates, the administration will be providing enrollment activity information to the Finance Committee on a monthly basis; this will be a measurement that the Committee can review. Ms. Haynes added that because the System will have the On Point System, which will be interfaced with the State's system and the third party administrator's systems, the administration will be able to see exactly what kind of enrollment activity is occurring, from a management standpoint.

Chairman Carvalho noted that this type of contract is for services that the System intends to build up internally over time. Dr. Raju concurred; he stated that many of the services related to the Waiver that are provided by vendors or contractual employees are expected to become integrated into an in-house department for coordinated /managed care.

Director Michael stated that during the Waiver Demonstration Project, the System is going to have a number of vendors, suppliers and people helping to both enroll patients and provide services over that period of time; the intention, in many cases, is to transition those services back into the System. He stated that it would be helpful if Dr. Raju can keep the Board informed about who is doing what, and then for each of those organizations, what the transition plan is for each at the end of the Demonstration Project. Dr. Raju responded that a master document will be compiled with all the different elements of it – responsibilities, measurements and transition plans.

Director Muñoz, seconded by Director O'Donnell, moved the approval of request numbers 2 and 3, under the Contracts and Procurement Items. THE MOTION CARRIED UNANIMOUSLY.

##### **D. Any items listed under Sections III, IV and VII**

#### **V. Report from Chairman of the Board**

At this time, the Board recessed the regular session, in order to convene and recess closed session to the call of the Chair. Following Chairman Carvalho's recess of closed session, the Board reconvened its regular session and continued to receive information on Items V and VI.

##### **A. Board Education**

###### **• Set Targets Achieve Results (STAR) Report – 2<sup>nd</sup> Quarter 2012 (Attachment #4)**

Dr. Krishna Das, System Interim Director of Quality and Patient Safety, provided an overview of the STAR Report. The Board reviewed and discussed the information.

During the review of information, the subject of presenting this type of information to the Board and Quality and Patient Safety (QPS) Committee was discussed. It was noted that the STAR Report is part of the Cook County Board President's initiative; however, the measures that are included in the STAR Report are selected by System staff.

**V. Report from Chairman of the Board**

**A. Board Education**

• **STAR Report (continued)**

Further discussion was held regarding which measures should be highlighted and reported on a more regular basis to the System Board or its Committees. Dr. Terry Mason, System Chief Medical Officer, stated that he will work on the report of measures regarding quality and patient safety with the Chair of the QPS Committee, Director Michael<sup>4</sup>; it was also noted that core measures are currently included in reports presented to the QPS Committee. Chairman Carvalho suggested that further thought should be given to the question of what information presented at the QPS Committee Meetings should be highlighted for presentation at each Board Meeting<sup>5</sup>. Dr. Mason responded that he will work with Director Michael on that matter. Director Michael stated it is his intention to go into 2013 with a set of goals with which the Board and administration feel comfortable; however, he noted that this involves more than setting goals, this includes a plan to achieve success and meet the goals. This is something that Dr. Das, Dr. Mason and others are working on; the roadmap of how the System plans to achieve the goals is as important as setting the goals themselves.

• **National Patient Safety Goals (Attachment #5)**

Dr. Das stated that the National Patient Safety Goals were developed by The Joint Commission; these Goals were established to help address specific areas of concern in regards to patient safety.

**VI. Report from Chief Executive Officer (Attachment #6)**

**A. Leadership Goals – 3<sup>rd</sup> Quarter 2012**

Dr. Raju provided an update on the following subjects: FY 2013 Budget Process; Section 1115 Waiver; Public Health Update; Ruth M. Rothstein CORE Center; and Trauma Unit on National Geographic. Additionally, he reviewed the information contained in the report on Leadership Goals for the 3<sup>rd</sup> Quarter of 2012 (also included in Attachment #6).

A short video clip was shown of the National Geographic special featuring the Trauma Unit at Stroger Hospital (referenced in Dr. Raju's report); Dr. Raju thanked the physicians and staff involved in the project.

Dr. Raju's report included the recognition of the following events/individuals/subjects:

- Society of General Medicine
- Dr. Ena Mahapatra
- Dr. Frances Norlock
- Housekeeping is Everyone's Responsibility
- Infusion Room – Stroger Hospital  
Specialty Care Center, Module H, Oncology Clinic: Juanita Sweat, RN; Kimberly Washington; Pamela Brown, RN; and Dr. Rose Catchatorian
- Patient Thank You: Benjamin Ehigie; Carla Johnson; and Derrick Dowdell

Following Dr. Raju's report, Chairman Carvalho noted that housekeeping staff should also be recognized for the role they play as the front line on infection control.

**VII. Closed Session Items**

- A. Medical Staff Appointments/Reappointments/Changes (Attachment #7)**
- B. Claims and Litigation**
- C. \*\*Minutes of the Audit and Compliance Committee Meeting, September 11, 2012**
- D. \*\*Minutes of the Human Resources Committee Meeting, September 21, 2012**

Note: the Board did not require a closed session discussion of Item VII(A) - Medical Staff Appointments / Reappointments / Changes; therefore, this item was taken out of order and was considered following Item IV(C).

Director Michael, seconded by Director Muñoz, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

Director Michael, seconded by Director Muñoz, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” and 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(28), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Carvalho and Directors Michael, Muñoz, O'Donnell, Velasquez and Wiese (6)  
Nays: None (0)  
Absent: Vice Chairman Ramirez and Directors Butler, Golden and Morris (4)

THE MOTION CARRIED UNANIMOUSLY.

**VII. Closed Session Items (continued)**

Chairman Carvalho recessed the closed session to the call of the Chair, in order for the Board to conclude receiving information on Items V and VI; following that activity, Chairman Carvalho reconvened the recessed closed session.

Chairman Carvalho declared that the closed session was adjourned. The Board reconvened into regular session.

**VIII. Adjourn**

As the agenda was exhausted, Chairman Carvalho declared the MEETING ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

- 
- <sup>1</sup> Follow-up: Forward reports that the Board received last year on WIC grant to Chairman Carvalho. Page 2. (Santana)
- <sup>2</sup> Follow-up: For future grant-related transmittals, include an assessment of whether there are costs that are not covered by the grant, why it is being recommended to go forward with the grant, and why the System can provide that service better than others can. Page 2.
- <sup>3</sup> Follow-up: Provide further information on the number of FTEs engaged in enrolling and processing CareLink applications. Page 2. (Cookinham)
- <sup>4</sup> Follow-up: Review of which measures regarding quality and patient safety to report to Board and QPS Committee. Page 5. (Mason)
- <sup>5</sup> Follow-up: Discussion of subject relating to what information that is presented at the QPS Committee Meetings should be highlighted for presentation at each Board Meeting. Page 5. (Mason)



Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 28, 2012

ATTACHMENT #1



## **RESOLUTION**

### **AUTHORIZING THE CHIEF EXECUTIVE OFFICER TO APPROVE AND ENTER INTO CERTAIN TRANSACTIONS IN SUPPORT OF THE 1115 WAIVER DEMONSTRATION PROJECT AND MEDICAID MANAGED CARE ARRANGEMENTS**

**R-12-15**

**WHEREAS** the Ordinance establishing the Cook County Health and Hospitals System ('System'), Code of Ordinances of Cook County, Article IV, Section 38-80(d), provides that the System's Board of Directors ("System Board") has the power to authorize the Chief Executive Officer to enter into contracts, execute all instruments, and do all things necessary or convenient in the exercise of the System Board's powers and responsibilities; and

**WHEREAS** the System Board has adopted Resolutions 09-01 and 12-06 authorizing the System's Chief Executive Officer to execute non-procurement contracts, agreements and memoranda of understanding including, but not limited to, agreements providing for the use or deployment of CCHHS facilities and personnel in emergencies and including agreements containing insurance or indemnification provisions, without seeking additional System Board approval; and

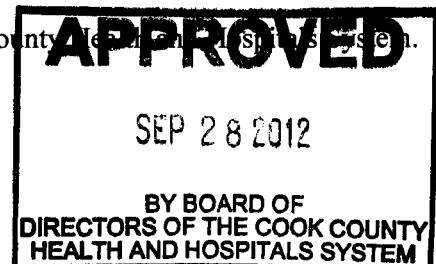
**WHEREAS**, the System Board wishes to facilitate the expeditious implementation of the 1115 Waiver Demonstration Project ("Demonstration Project") within the System and to supplement and clarify that the authority previously delegated to the Chief Executive Officer shall include certain types of transactions and payments that are anticipated in support of the Demonstration Project and the Medicaid managed care programs undertaken by the CCHHS during the Demonstration Project; and

**THEREFORE, BE IT RESOLVED**, that the System Board grants the System's Chief Executive Officer or his or her designee the authority to negotiate, approve and/or execute the following types of agreements or transactions necessary or convenient in the exercise of the System Board's powers and responsibilities without seeking additional System Board approval:

1. Participating provider agreements to implement a network of providers established by the System to carry out the 1115 Waiver Demonstration Project and Medicaid managed care programs undertaken by CCHHS during the Demonstration Project. A record of communications regarding participating provider agreements shall be included in the Contacts log maintained by the System Director of Supply Chain Management in the same manner as communications are recorded with respect to procurement contracts under Section 7.2 of the Procurement Policy.
2. Payments to network and out-of-network providers for authorized health services rendered to CCHHS network patients as appropriate under the terms of the 1115 Waiver Demonstration Project and Medicaid managed care programs undertaken by CCHHS during the Demonstration Project.

**BE IT FURTHER RESOLVED**, that the Chief Executive Officer shall report to the Board on a monthly basis regarding the arrangements entered into or approved pursuant to the authority hereby granted.

Approved on September 28, 2012 by the Board of Directors of the Cook County Health and Hospitals System.



Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 28, 2012

ATTACHMENT #2

THE BOARD OF COMMISSIONERS  
TONI PRECKWINKLE

PRESIDENT

EARLEAN COLLINS	1st Dist.	PETER N. SILVESTRI	9th Dist.
ROBERT STEELE	2nd Dist.	BRIDGET GAINER	10th Dist.
JERRY BUTLER	3rd Dist.	JOHN P. DALEY	11th Dist.
WILLIAM M. BEAVERS	4th Dist.	JOHN A. FRITCHEY	12th Dist.
DEBORAH SIMS	5th Dist.	LARRY SUFFREDIN	13th Dist.
JOAN PATRICIA MURPHY	6th Dist.	GREGG GOSLIN	14th Dist.
JESUS G. GARCIA	7th Dist.	TIMOTHY O. SCHNEIDER	15th Dist.
EDWIN REYES	8th Dist.	JEFFREY R. TOBOLSKI	16th Dist.
		ELIZABETH "LIZ" DODDY GORMAN	17th Dist.



COOK COUNTY  
BUREAU OF ECONOMIC DEVELOPMENT

ANNA B. ASHCRAFT, J.D.  
DIRECTOR  
REAL ESTATE MANAGEMENT DIVISION

George W. Dunne Cook County Office Building  
69 W. Washington, Suite 3000  
Chicago, Illinois 60602-4053  
TEL: (312) 603-0040  
FAX: (312) 603-9840

Transmitting a Communication, dated September 24, 2012 from

ANNA ASHCRAFT, Director, Real Estate Management Division

DR. RAM RAJU, MD, MBA, FACHE, FACS, Chief Executive Officer, CCHHS

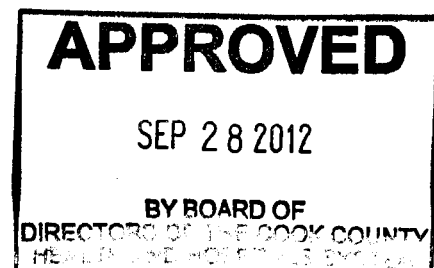
Requesting authorization to negotiate and execute a Real Estate License by means of an intergovernmental agreement among the County of Cook, the Cook County Health and Hospitals System as Licensor, and the State of Illinois Department of Central Management Services (CMS), on behalf of the Department of Human Services (DHS), as Licensee, for temporary non-exclusive occupancy by the State of Illinois of portions of a building owned by the County and located on the Oak Forest Health Center Campus.

The State of Illinois has requested temporary use of approximately 16,900 square feet of the existing kitchen facilities and related equipment on the first and second floors of Sneed Hall at the Oak Forest Health Center. This interim requirement is needed to facilitate preparation of meals for approximately 450 residents at its Ludeman Developmental Center in Park Forest, Illinois until construction of a new permanent facility is completed.

The Real Estate Management Division has negotiated this agreement on behalf of the County and the Cook County Health and Hospitals System. Approval of this item will authorize execution of an intergovernmental agreement for license on terms no less favorable to the County than those set forth below.

- Term: An initial term of nine months, with two options to renew for three months each. The State will have the right to terminate on 30 days' notice, after six months. Either party may terminate on 30 days' notice after the initial 9 month term.
- Space Occupied: Approximately 16,900 square feet.
- License Fee: No less than \$25.00 per square foot on an annual basis, or \$35,208.33 monthly, for a total of \$316,875 for the nine month initial term.
- Operating Expenses: County and CCHHS will provide the requisite utilities for operation of the facilities and equipment as well as security, custodial and snow removal for the Building and parking area. The State shall be responsible for ordinary maintenance and repair of all equipment provided by CCHHS within the licensed area.

This item has been submitted to the Cook County Board of Commissioners for approval at its meeting of October 2, 2012.



Cook County Health and Hospitals System  
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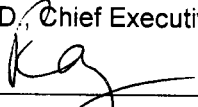
ATTACHMENT #3

COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
ITEM IV(C)  
SEPTEMBER 28, 2012 BOARD OF DIRECTORS MEETING  
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal Impact	Affiliate / System	Begins on Page #
<b>Increase Contract</b>					
1	Randstad (Spherion) Staffing Services	Service - temporary administrative and clerical staffing	\$200,000.00	System	2
<b>Amend and Increase Contracts</b>					
2	Chamberlin Edmonds and Associates (CEA)/Emdeon	Service - eligibility / enrollment	\$6,638,675.00	System	3
3	Sodexo, Inc.	Service - environmental cleaning services	\$211,884.00	ACHN	4

# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Gladys Lopez, Interim System Director, Human Resources		<b>EXECUTIVE SPONSOR:</b> Ram Raju, M.D., Chief Executive Officer, CCHHS 	
<b>DATE:</b> 07/05/2012		<b>PRODUCT / SERVICE:</b> Service – Temporary Administrative and Clerical Staffing	
<b>TYPE OF REQUEST:</b> Increase Contract		<b>VENDOR / SUPPLIER:</b> Randstad (Spherion) Staffing Services, Chicago, IL	
<b>ACCOUNT:</b> 890-260 CCHHS		<b>FISCAL IMPACT:</b> \$200,000.00	<b>GRANT FUNDED AMOUNT:</b> N/A
<b>CONTRACT PERIOD:</b> 08/01/2011 thru 07/31/2013		<b>CONTRACT NUMBER:</b> H11-25-065	
<input checked="" type="checkbox"/> <b>COMPETITIVE SELECTION METHODOLOGY:</b> RFP: Single selection based on cost and evaluation			
<input type="checkbox"/> <b>NON-COMPETITIVE SELECTION METHODOLOGY:</b>			

### PRIOR CONTRACT HISTORY:

Contract number H11-25-065 was approved by the Cook County Health and Hospitals System Board on 07/29/2011 for a period of 24 months from 08/01/2011 thru 07/31/2013 in the amount of \$330,000.00. An RFP was conducted and Spherion Staffing was found to be the most responsive vendor. This contract is for basic, intermediate and advanced administrative services.

### NEW PROPOSAL JUSTIFICATION:

Randstad and Spherion Staffing Services merged in September, 2011. This leading recruiting and staffing provider specializes in placing administrative, clerical and customer service candidates in temporary fulltime opportunities. The dollar amount approved to execute the original contract has been exhausted. It is necessary to request an increase to cover existing and anticipated resources. This request is to support the critical temporary hire needs for Human Resources.

### TERMS OF REQUEST:

This request is to increase contract number H11-25-065 in the amount of \$200,000.00 with no change in the contract period.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Pending

### ATTACHMENTS

BID TABULATIONS:

CONTRACT COMPLIANCE MEMO: Pending

**WITHDRAWN**

CCHHS COO: 

Carol Schneider, System Chief Operating Officer

CCHHS CFO: 

John Cookinham, System Chief Financial Officer

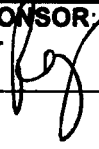
**Request #**

**1**

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •  
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.  
Rothstein CORE Center •

# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> John Cookinham, System Chief Financial Officer; John Morales, SHCC Chief Financial Officer		<b>EXECUTIVE SPONSOR:</b> Ram Raju, M.D., Chief Executive Officer 	
<b>DATE:</b> September 21, 2012	<b>PRODUCT / SERVICE:</b> Service – Eligibility/Enrollment		
<b>TYPE OF REQUEST:</b> Amend and Increase Contract	<b>VENDOR / SUPPLIER:</b> Chamberlin Edmonds and Associates/Emdeon		
<b>FISCAL IMPACT:</b> Increase of \$6,638,675		<b>GRANT AWARD/RENEWAL AMOUNT</b>	
<b>CONTRACT PERIOD:</b> October 1, 2009 through September 30, 2014		<b>CONTRACT #:</b> 09-73-014	
<input checked="" type="checkbox"/>	<b>COMPETITIVE SELECTION METHODOLOGY:</b> [BID / RFP / GPO / OMP]		
<input type="checkbox"/>	<b>NON-COMPETITIVE SELECTION METHODOLOGY:</b> [SOLE SOURCE]		

**PRIOR CONTRACT HISTORY:**

CCHHS entered into a contract with Chamberlin Edmonds and Associates (CEA) in Fall 2009 in a move to a single eligibility vendor. Under its contract, CEA has provided phased services which have included assistance with the implementation of the CareLink Program and eligibility screening and enrollment services for patients of CCHHS. Currently CEA is paid a flat monthly fee plus a contingency fee based upon revenues generated as a result of its efforts. Based on this methodology CEA was paid approximately \$8.9 million in the past year and has provided between 88-93 employees to service the CCHHS' needs.

**NEW PROPOSAL JUSTIFICATION:**

Because two years remain in the CEA contract term, CCHHS has solicited revised pricing from CEA to redesign and expand the delivery of eligibility and enrollment services to accommodate enrollment under the 1115 Waiver Demonstration Project. CEA will increase its staffing dedicated to CCHHS by an estimated 20-30 employees and will re-deploy existing staff as needed to meet CCHHS needs. CEA will operate a call center and a walk-in center to facilitate Waiver enrollment and will provide and implement interfaces to a technology system designed to facilitate enrollment at both CCHHS and Waiver Network Provider sites. CEA will also provide training and reports to assist CCHHS to evaluate enrollment efforts and will assist CCHHS in implementing a new model that improves patient convenience whether enrollment assistance is provided by CEA staff or CCHHS staff dedicated to the CareLink program. The new pricing will begin upon Waiver coverage begins and will remove all fixed fees and will incorporate revised rates that tie compensation to enrollment and revenue success. It is estimated that this will result in an increase to the total amount payable under the Contract by approximately \$6,638,675, which amount could change depending upon enrollment volumes and payments received. The estimated revenue associated with the services to be provided under this Contract is: \$219,738,000 in FY2013 and \$201,426,500 in FY 2014.

**REQUEST:** This is a request to amend and increase Contract 09-73-014 in the amount of \$6,638,675.

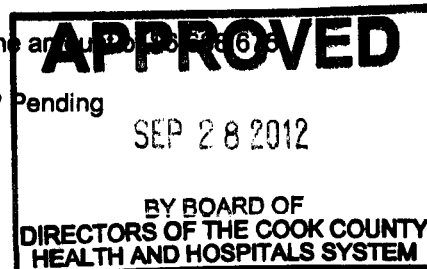
**CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE?** Pending

**ATTACHMENTS**

**CONTRACT COMPLIANCE MEMO:**

CCHHS COO:   
Carol Schneider, System Chief Operating Officer

CCHHS CFO:   
John Cookinham, System Chief Financial Officer



**Request #**  
**2**

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •  
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein  
CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011



# Cook County Health & Hospitals System

## BOARD APPROVAL REQUEST

<b>SPONSOR:</b> Gina Besenhofer, System Director, Supply Chain Management		<b>EXECUTIVE SPONSOR:</b> Carol Schneider, System Chief Operating Officer	
<b>DATE:</b> 09/28/2012		<b>PRODUCT / SERVICE:</b> Service - Environmental Cleaning Services	
<b>TYPE OF REQUEST:</b> Amend and Increase Contract		<b>VENDOR / SUPPLIER:</b> Sodexo, Inc.	
<b>ACCOUNT:</b> 893-235 <i>rb</i>	<b>FISCAL IMPACT:</b> \$211,884.00	<b>GRANT FUNDED AMOUNT:</b> N/A	
<b>CONTRACT PERIOD:</b> 07/01/2011 thru 06/30/2016		<b>CONTRACT #:</b> H11-72-054 <i>rb</i>	
<b>X</b>	<b>COMPETITIVE SELECTION METHODOLOGY:</b> GPO		
	<b>NON-COMPETITIVE SELECTION METHODOLOGY:</b>		

### PRIOR CONTRACT HISTORY:

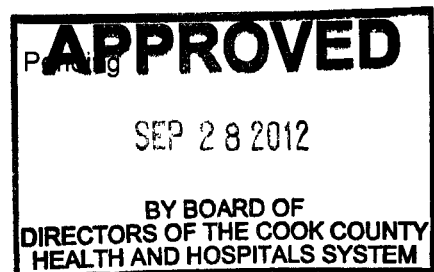
The Cook County Health and Hospitals System entered into a five contract with Sodexo, Inc. to provide management of Food and Nutrition Services, Environmental Services and Patient Transportation Services in July 2011. Since then, the CCHHS and Sodexo have evaluated their expectations under the contract and are in the process of negotiating a proposed amendment for presentation to this Board within the next few months.

### NEW PROPOSAL JUSTIFICATION:

Pending negotiation of a more comprehensive amendment, CCHHS management requests to amend the Sodexo contract to provide for the management and staffing for environmental cleaning services in the Ambulatory and Community Health Network for a period of six months. This arrangement will permit CCHHS to replace the most recent contractor, DaySpring and to consolidate the management of environmental cleaning services across the Health System. Sodexo will also provide staffing for these services and will have the ability to leverage this staffing if it is needed elsewhere within CCHHS facilities. CCHHS expects to arrange for continued ACHN environmental cleaning services as part of a more comprehensive amendment to be presented to the Board in the near future.

CCHHS issued three requests for proposals for the subject services. The first two RFPs were responded to by only one proposer. The third RFP received three responses, but the vendors did not possess significant health care experience. Sodexo is a GPO vendor, currently manages environmental services in all other CCHHS facilities and has health care experience. Using Sodexo will allow CCHHS to secure a vendor familiar with standards of The Joint Commission and to standardize its environmental services operations.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE?



### ATTACHMENTS

BID TABULATIONS:

CONTRACT COMPLIANCE MEMO: •

CCHHS CFO:

John Cookinham, System Chief Financial Officer

CCHHS CEO:

Ram Raju, M.D., Chief Executive Officer

**Request #**

**3**

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •  
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Hospital • Provident Hospital • Ruth M. Rothstein  
CORE Center •

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 28, 2012

ATTACHMENT #4

# COOK COUNTY HEALTH & HOSPITALS SYSTEM



## Star Fiscal Year 2012 Second Quarter Report *Cook County Health and Hospitals System*

September 14, 2012



# Agenda

- Introduction and Overview
- Review of Metrics
  - Inpatient Services
  - Outpatient Services
  - Shared Services
  - 1115 Waiver/ Managed Care/ System Transformation

# CCHHS Organized Around Four Activity Areas

Inpatient	Shared Services	Outpatient	1115 Waiver
John H. Stroger Hospital  Provident Hospital  Cermak	Human Resources  Finance  Info. Technology  Pharmacy  Laboratory	Ambulatory and Community Health Network  CORE Center  CCDPH	Managed Care  System Transformation

# Performance Metrics Viewed in Four Domains

## Operational Efficiency

Productivity, cycle time and efficiency measures that track health of core system activities

## Patient Satisfaction

Survey measures that track patient perceptions of experiences with system

## Quality/Health Outcomes

Health measures that track patient and system outcomes

## Financial Stability

Financial measures that track overall financial health of system and individual cost centers

# Introduction- STAR Leadership

Lead	Presenter	Operating Area	Star Performance Area
Ramanathan Raju, MD	Ramanathan Raju, MD	Leadership	Introduction/Overview
Carol Schneider	Claudia Fegan, MD	John H. Stroger Jr. Hospital	Inpatient
Thomas Dohm	Aaron Hamb, MD	Provident Hospital	Inpatient
Jeff Schaider, MD	Lauren Smith, MD Najamul Ansari, MD	John H. Stroger Jr. Hospital ED	Inpatient
Enrique Martinez, MD	Claudia Fegan, MD	Ambulatory and Community Health Network	Outpatient
Robert Weinstein, MD	Robert Weinstein, MD	Ruth M. Rothstein "CORE" Center	Outpatient
Maureen O'Donnell	Gladys Lopez	Human Resources	Shared Services
John Cookinham	John Cookinham	Finance	Shared Services
Krishna Das, MD		Quality	

# Inpatient Services

John H. Stroger, Jr. Hospital  
Provident Hospital  
Cermak Health Services



# Inpatient Services – Operational Efficiencies

Indicator	2011 Actual	Q1 Actual	Q2 Actual	Jun-Jul 2012	2012 Target	Q2 YTD Variance
Stroger						
Emergency dept. volume	138,950	34,965	34,764	23,459	N/A	N/A
ED Wait to be seen (minutes)	172	166	129	111	150	-26%
% Left w/o being seen (LWBS)	12.34%	12.19%	9.32%	7.88%	10.0%	-2.12%
% of patients with LOS > 7 d			18%	19%	15%	+27%
Provident						
Emergency dept. volume	36,934	8,958	9,137	6,357	N/A	N/A
ED wait to be seen (minutes)	121	149	140	130	150	-13%
% Left w/o being seen (LWBS)	9.81%	7.27%	8.89%	10.15%	10.0%	+0.15%
Cermak						
Health Nurse face to face assessment completed (hours)		45	62	NA	24	

# Inpatient Services – Patient Satisfaction

Affiliate/ Indicator	Q3 Actual	Q4 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
Stroger						
% Patients 'definitely' recommend this hospital	62%	64%	64%	62%	70%	-8%
% Patients 'probably' recommend this hospital	29%	29%	29%	29%	NA	NA
Provident						
% Patients 'definitely' recommend this hospital	61%	60%	60%	57%	70%	-13%

Affiliate/ Indicator	2011 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
Cermak					
% of grievances responded to within 10 days	73	80	86	95	-9%

# Inpatient Services – Quality of Care

Affiliate/ Indicator	Q3 Actual	Q4 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
Stroger						
% of surgery patients with VTE prophylaxis ordered	98%	100%	98%	94%	97%	-3%
% of surgery patients who received appropriate Abx	98%	95%	96%	98%	93%	+5%
Provident						
% of surgery patients with VTE prophylaxis ordered	90%	95%	100%	86%	97%	-11%
% of surgery patients who received appropriate Abx	100%	100%	100%	100%	93%	+7%

Affiliate/ Indicator	2011 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
Cermak					
% patients incarcerated > 120 days with diabetes in control as demonstrated by HgA1C < 7%	45.2%	45.4%	47.5%	42.5%	+5%

# Inpatient – Quality of Care Composite Measures

Affiliate/ Indicator	Q3 Actual	Q4 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
Stroger						
No. of 'Core' quality measures at or above Illinois average	8/12	9/18	14/18	12/18	ALL	5/18
Provident						
No. of 'Core' quality measures at or above Illinois average	9/11	10/12	10/12	6/11	ALL	5/11

# Inpatient – Quality of Care Composite Measures

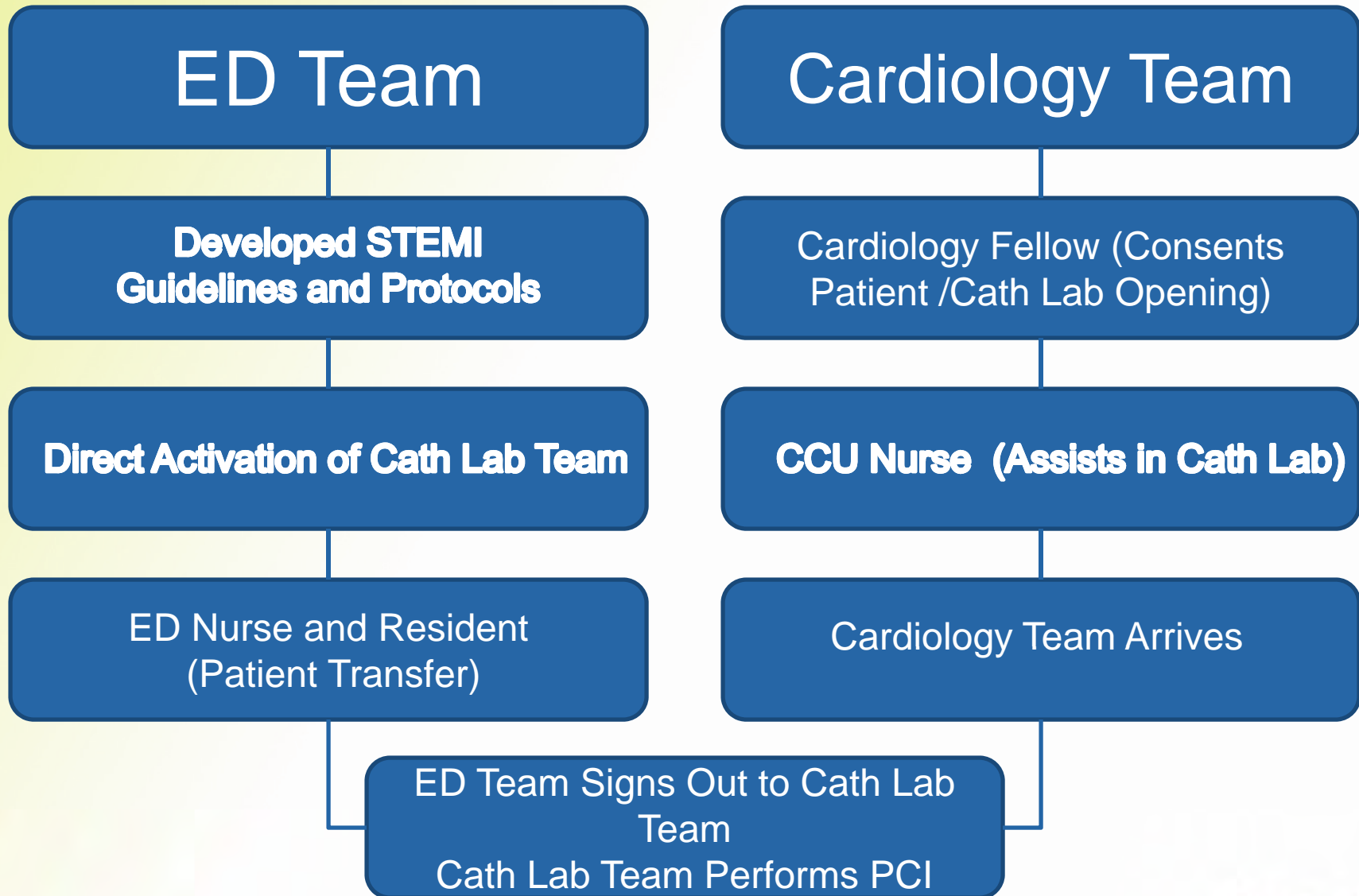
INDICATOR		IL Mean	STROGER HOSPITAL PERFORMANCE			
Group	Description	IL Mean Value 2011	Q3 2011	Q4 2011	Q1 2012	Q2 2012
HF	Give Discharge Instructions	93	62	77	93	97
HF	Evaluate Heart Function	99	100	99	100	99
HF	Appropriate Heart Medication	96	100	100	100	100
PN	Blood Culture for ICU Patients	90		100	100	100
PN	Blood Culture before Antibiotics	97	86	94	100	96
PN	Choice of Antibiotics	93	58	63	69	76
SCIP	Antibiotics Given before Surgery	98	99	96	95	100
SCIP	Choice of Surgical Antibiotics	98	98	95	96	98
SCIP	Discontinue Antibiotics in Time	97	96	95	97	98
SCIP	Control Blood Sugar Post-Op	94	87	81	94	83
SCIP	Remove Urinary Catheter Post-Op	93		100	100	100
SCIP	Manage Body Temp Post-Op	100		100	100	98
SCIP	Continue to Give Beta Blockers	96		97	97	96
SCIP	Order Rx to Prevent Blood Clots	97	98	100	98	94
SCIP	Medicine is Given to Prevent Clots	96	96	100	98	94
AMI	Aspirin is Given at Discharge	99	100	100	100	100
AMI	Heart Blockage Opened in Time	94		83	100	100
AMI	Cholesterol Medicine is Given	97		95	94	100
Target Performance		same as mean	8/12	9/18	14/18	12/18

# Stroger Hospital PI Project

*Primary Percutaneous Coronary Intervention (PCI)  
Door to Balloon 90 minutes*

Najamul Ansari MD - Cardiology  
Karen Parham RN - Emergency Medicine  
Lauren Smith MD - Emergency Medicine

# CODE STEMI Management Algorithm



# CODE STEMI CQI PROCESS

## GOAL

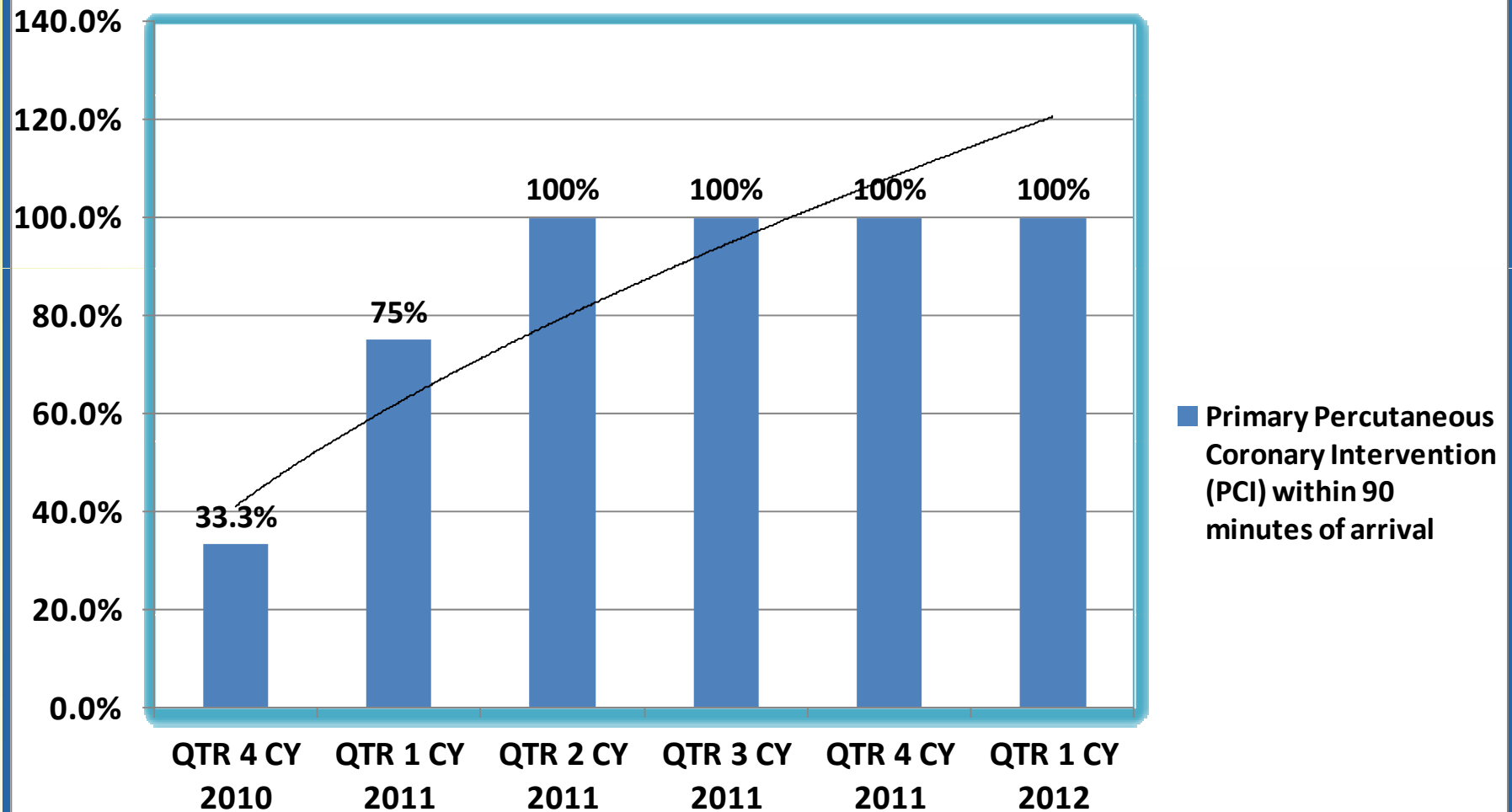
- Door to EKG order < 3 min.
- EKG done and read <7 min.
- Door to MD Evaluation and Cath lab Activation <15 min.
- Total ED time <30 min.
- Cath Lab Time 30- 60 min.

## PROCESS CHANGE

- Created New Triage Protocols for Nursing
- EKG handed directly to ED Attending Physician
- Web-based Activation of Cath Lab Team via Text Message initiated by ED
- ED Resident and Nurse assist with transfer
- CCU Nurse Covers Cath Lab till Cardiology Team Arrives



## Primary Percutaneous Coronary Intervention (PCI) 2010-2012 Data



## Since Implementation

- Maintained 100% D2B of 90 minutes for reportable cases
- Have been approved as an EMS Region XI STEMI Receiving Center

# Inpatient Services– Financial Stability

Indicator		2011 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
All Inpatient						
Inpatient gross days in revenue outstanding		248	210	215	88	144
No. of inpatient accounts not final billed (DNFB) after 5 days		949	301	880	0	NA

# Outpatient Services

Ambulatory and Community Health Network  
Ruth M. Rothstein CORE Center  
Oak Forest Specialty Care Center  
Cook County Department of Public Health

# Outpatient Services – Operational Efficiencies

Affiliate/ Indicator	2011 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
ACHN					
No. of days to 3 <sup>rd</sup> next available appointment for new patients (GMC)	11.8	62	75	30	150%
No. of patients referred and waiting > 21 days for gynecology clinic	1,509	1,284	1,421	1,200	18%
CORE					
% of new patient visits scheduled within 10 business days	100%	100%	98%	100%	-2%

# Outpatient Services – Patient Satisfaction

Affiliate/ Indicator	2011 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
ACHN					
% of phone calls within acceptable service level for ACHN appointment call center	45%	52%	55%	80%	-25%
CORE					
Overall patient satisfaction	78%	NA	86%	> 75%	+11%

# Outpatient Services – Quality of Care

Affiliate/ Indicator	2011 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
ACHN					
% of up-to-date vaccinations in children at 24 months	87%	72%	79%	72%	+7%
% of diabetics age 18-65 with at least one HgA1C in the last year	92.5%	89.4%	89.7%	86%	+3.7%
% of diabetics age 18-65 with HgA1C < 9	22%	23.9%	23.7%	< 34%	-10.3%
CORE					
No. of eligible patients having routine opt-out HIV test	48,163	16,139	14,541	55,000	+11.6%
% of patients on ART with most recent viral load of < 1000	91%	94%	96%	90%	+6%

# Outpatient Services– Financial Stability

Indicator	2011 Actual	Q1 Actual	Q2 Actual	2012 Target	Q2 YTD Variance
Finance Metrics					
Outpatient gross days in revenue outstanding	179	140	142	108	+31%
No. of unbilled outpatient accounts	64,094	60,391	38,889	0	NA
CORE Center					
% of patients receiving HIV meds from CORE pharmacy*	7.76%	7.90%	7.64%	< 10%	-2.36%

\* Subsidized through County budget; savings of \$60 million



# Shared Services

Human Resources  
Finance  
Information Technology

# Shared Services – Human Resources

METRICS	FY 2011 Actual	Target	CY 2012 1 <sup>st</sup> Qtr	CY 2012 2 <sup>nd</sup> Qtr	CY 2012 3 <sup>rd</sup> Qtr <sup>1</sup>	CY 2012 <sup>2</sup>
Number of Postings <sup>3</sup>	N / A <sup>4</sup>	30 per month	15	50	55	120
Number of Re-Postings <sup>5</sup>	N / A		0	12	15	27
<i>Total Number of Postings Through September 10, 2012</i>						<b>147</b>
Number of Vacancies Filled	N / A		46	81	72	199
House Staff Processed				122		122
<i>Total Number of Vacancies Filled Through September 10, 2012</i>						<b>321</b>

## Notes:

1. Third Quarter 2012 data is through September 10, 2012
2. Calendar Year 2012 data is through September 10, 2012
3. A posting represents a job classification approved for hire in Taleo. One posting may represent more than one vacancy
4. Accurate data is not available
5. There are various circumstances that require positions to be reposted: the original posting did not yield eligible candidates; changes are made to the posting to broaden the candidate pool; etc.

## Shared Services – Financial Stability

Indicator	2011 Actual	Q1 Actual	Q2 Actual	2012 YTD	Variance
% approved Carelink applications at 100% discount	73%	96.6%	96.5%	94.2%	NA

Indicator	2010 Actual	2011 Actual	FY 2012 Actual August	FY 2012 Target August	Variance
Total cash received from all sources	\$534M	\$632M	\$434M	\$467M	-7.1%
Medicare	\$58M	\$67M	\$48M	\$46M	+4.3%
Medicaid	\$165M	\$266M	\$94M	\$155M	-39%
Private Payer	\$16M	\$27M	\$16M	\$31M	-48%
BIPA	\$131M	\$131M	\$94M	\$94M	NA

# 1115 Waiver/ Managed Care

Metrics under discussion

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 28, 2012

ATTACHMENT #5

# 2012 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify patients correctly

- NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

## Improve staff communication

- NPSG.02.03.01 Get important test results to the right staff person on time.

## Use medicines safely

- NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
- NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Prevent infection

- NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NPSG.07.05.01 Use proven guidelines to prevent infection after surgery.
- NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

## Identify patient safety risks

- NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

## Prevent mistakes in surgery

- UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.
- UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 28, 2012

ATTACHMENT #6



**RAM RAJU, MD, MBA, FACHE, FACS**  
**CHIEF EXECUTIVE OFFICER**  
**COOK COUNTY HEALTH AND HOSPITALS SYSTEM**  
**REPORT TO THE BOARD OF DIRECTORS**  
**September 28, 2012**

### **FY2013 BUDGET PROCESS**

The Cook County Finance Committee will consider the CCHHS FY2013 Preliminary Budget at their meeting scheduled for October 2, 2012 as part of the regular finance agenda. Approval is expected by the Finance Committee and by the full County Board that same day. It is anticipated that President Preckwinkle will introduce the FY2013 Budget Recommendation in mid October with departmental review hearings and public hearings taking place mid October through mid November. The expectation is that the final approval of the FY2013 Budget by the County Board will be complete prior to the Thanksgiving Holiday.

### **1115 WAIVER**

On Monday, September 10, 2012 the Illinois Department of Healthcare and Family Services and CCHHS received the Special Terms and Conditions (STC) for the 1115 Waiver from the Center for Medicare & Medicaid Services. This is an important milestone in our progress toward finalizing award of the 1115 Waiver. We are currently reviewing the document to determine what, if any, comments and/or proposed amendments we may request. Since receiving the STC the telephone conferences have focused mainly on the issue of budget neutrality. We are optimistic that we will be able to agree on the terms and conditions in a relatively short time period.

In preparation for the Implementation of the 1115 Waiver the renovation has begun at the 600 S. Hoyne Building for the Illinois Department of Healthcare and Family Services to process medical assistance applications for CCHHS patients. Training in the Patient Centered Medical Home model has been



initiated at five pilot ACHN clinics. Specialty care use and capacity assess, and redirection of patients to primary care as appropriate initiated with first five of 15 highest volume specialty clinics. Plan to integrate 254 new clinical staff into current ambulatory sites has been developed and the first phase of hiring has been initiated.

### **PUBLIC HEALTH UPDATE**

Cook County Department of Public Health continues on its path toward accreditation with document selection to demonstrate its achievement of the standards and measures of the Public Health Accreditation Board in process. The goal is to select documents and upload them for internal review by October 31, 2012. As part of the process, a mock review with external reviewers from other local health departments is tentatively scheduled for February 1, 2013.

The Communicable Disease Control and Environmental Health Units have continued with surveillance and mitigation activities to respond to the high levels of West Nile Virus activities. As of September 21<sup>st</sup> there were 74 cases including 1 death. The highest number of cases continue to be in individuals aged 50 and above. The Communications and Policy Development Unit has been active with media interviews and public service announcements emphasizing prevention messages.

September is Emergency Preparedness Month. The Community Planning and Preparedness Unit reminds families to have to have an emergency plan and has developed the *Be Aware, Get Prepared, Take Action!* to assist families in preparing for an emergency which is available to the public through the website at [www.cookcountypublichealth.org](http://www.cookcountypublichealth.org). The staff also participated in Employee Wellness Events with Cook County Health and Hospitals System Employee Health Services to provide this information to employees of the Cook County Forest Preserve District.

The Integrated Health Support Services Unit/Public Health Nurses provided support to the CCHHS Employee Health Services to administer flu and Tdap vaccinations and the Tobacco Prevention and Control Unit provided referral on smoking cessation to Cook County Forest Preserve District Employees as part of the mission of overall health promotion.

Attachments:

*Be Aware, Get Prepared, Take Action!* Pamphlet

## **RUTH M ROTHSTEIN CORE CENTER**

The Ruth M. Rothstein CORE Center has achieved remarkable success in HIV/AIDS prevention, care and research over the past 14 years. As part of the vision of address the new face of HIV in Chicago, major renovations of the Center were completed in 2012. The CORE Foundation will host two events to commemorate these achievements.

**September 27, 2012** – a re-dedication Celebration will rededicate the Center in honor of Ruth M. Rothstein, acknowledge donors/supports past and present and conduct tours of the newly renovated areas.

**September 28, 2012** – the Rededication Open House will feature facility tours and a program fair. Staff and invited community agency partners will celebrate the Center's past, present and future.

## **TRAUMA UNIT ON NATIONAL GEOGRAPHIC**

The trauma unit at the Cook County Hospital [Stroger Hospital] is featured in a National Geographic special called "Chicago Trauma." The one-hour show, which aired September 4, 2012, follows a team of young doctors working in one of the nation's busiest trauma centers. The National Geographic program documents the work of trauma and burn surgeons **Andrew Dennis** and **Fred Starr**, who lead a team treating victims of gunshot wounds, stabbings and car crashes.

It's the real-life Grey's Anatomy in Chicago. Every day, a team of idealistic young doctors rides the El to Chicago's gritty southwest side. But no amount of reading can prepare them for the most challenging test of their lives - a residency in one of the nation's busiest trauma centers. At Cook County Hospital, realities of urban life come crashing through the door by the hour. With more than 5,000 trauma patients a year, the action is literally a life-and-death adrenaline rush.

Thanks to **Marisa Kollias**, Interim Director of Public Affairs and **Dr. Faran Bokhari**, Chairman of Trauma for making this feature possible.

## RECOGNITION

### **Society of General Internal Medicine**

The Midwest 2012 Regional Meeting of the Society of General Internal Medicine, held Sept 13-14 at Navy Pier, featured presentations by physicians from the Division of General Internal Medicine at Stroger Hospital, including two who received special recognition:

**Dr. Ena Mahapatra** was selected for the Plenary Presentation of Innovation in Medicine: "Colon Cancer Screening Initiative, A Story of Success in a Primary Care Clinic"

**Dr. Frances Norlock** received the Award for Best Oral Presentation: "Collaborating with Community Organizations and Non-Medical Personnel to Teach Residents Medical Spanish and Latino Cultural Competency: A Four-week Resident Curriculum"

### **Housekeeping is Everyone's Responsibility**

During Environmental Services Week, September 9<sup>th</sup>-15<sup>th</sup> the Department of Environmental Services conducted a program to raise awareness of our role in support of Housekeeping Staff titled "Housekeeping is Everyone's Responsibility". Joe Petrella, System Director of Environmental Services stated it helps us bring the awareness to all hospital staff focusing on sharing the responsibility to help keep work areas neat, clean and safe. Housekeeping Staff submitted vouchers when they witnessed someone supporting the Housekeeping/Environmental Services Department. A drawing was held and the "Friends of Housekeeping" winners and nominating Housekeepers are:

**1st Prize:** Lytonia Paul, A.E.S./Levernan Stewart, BSW

**2nd Prize:** Marilyn Nichols, Nursing P.C.A./Bobbie Brand, BSW

**3rd Prize:** Lynette Williams, Clerk (Fantus)/Levetha Daniels, BSW

**4th Prize:** Angela James, Home Transportation/Alexis Forrest, BSW

### **Infusion Room – Stroger Hospital**

As a result of a nursing retirement in the Oncology Clinic last year; we needed to review how we delivered patient centered care with our remaining resources. We identified training opportunities for our clinical nursing staff and thereby, reduce the cost of unnecessary Emergency Room visits and hospital admissions.

As a result we are able to accommodate performing blood transfusions and medication administration in the Oncology Clinic. We believe this patient centered approach will support our patient experience efforts and demonstrates our commitment to our nursing staff.

Specialty Care Center, Module H, Oncology Clinic

**Juanita Sweat**, RN, Divisional Nursing Director, SCC

**Kimberly Washington**, Nurse Coordinator, SCC

**Pamela Brown**, RN, Nurse Coordinator, SCC

**Dr. Rose Catchatorian**, Director Hematology Oncology

**Patient Thank You**

I would like to acknowledge three patient letters received at Provident Hospital:

**Benjamin Ehigie**, Radiology Technician

“Mr. Benjamin Ehigie was so up-lifting to me when I had the test done. He has so much compassion for his patients. I hope you keep Benjamin until he is too old.”

**Carla Johnson**, Caseworker, Managed Care/Carelink

“Mrs. Johnson made a difficult and confusing situation easier and manageable for not only me but a room full of others.... Due to Mrs. Johnson’s excellent work ethic and efficiency many people were spared any additional headaches”.

**Derrick Dowdell**, Patient Advocate, Quality Services

Mr. Dowdell has been so very helpful with any medical issues, from Carelink issuing my vouchers so I may receive my medication I can’t afford, to assisting my fiancée with her health care problems. His level of professionalism is above the norm and this level of efficiency is truly second to none. I thank you for having Mr. Dowdell to work Patient Relations; he is a true blessing and a real find!”

# Information to Help Your Family Prepare for an Emergency

**Be Aware.  
Get Prepared.  
Take Action.**



**COOK COUNTY HEALTH  
& HOSPITALS SYSTEM**  
**CCHHS**

**Cook County Department  
of Public Health**

## **The Cook County Department of Public Health**

Serving 125 municipalities in the suburbs of Chicago, the Cook County Department of Public Health (CCDPH) routinely watches for patterns of disease, plans for distribution of vaccines and antibiotics to community clinics, and provides important information to the media and public. During an emergency such as a disease outbreak, weather-related disaster or intentional attack, we will continue to do these things, but at a much faster pace, using available local, state and federal resources.

In an emergency, CCDPH and its partners will work together to ensure a coordinated response. Partners include: municipal leaders, first responders (fire, police, paramedics, physicians and hospitals), schools, businesses, community-based organizations, the Cook County Department of Homeland Security and Emergency Management, the Illinois Department of Public Health and the Centers for Disease Control and Prevention.

## **Be Aware. Get Prepared. Take Action.**

# 1

### **Be Aware. Know what can happen.**

See the list at right to learn the types of emergencies that are likely or could happen in our region. See page 3 for a list of websites with additional information.

# 2

### **Get Prepared. Create a communication plan and emergency supply kit.**

You can achieve a basic level of preparedness for all hazards by making a commitment today to do the following three things, using this guide:

- ☐ **PRACTICE HEALTHY HABITS** on page 4.
- ☐ **COMPLETE THE FAMILY COMMUNICATIONS PLAN** on page 6.
- ☐ **PREPARE AN EMERGENCY SUPPLY KIT** using the shopping list on page 7.

# 3

### **Take Action. Volunteer.**

Become a Cook County Medical Reserve Corps (CCMRC) volunteer. CCMRC is an organized group of medical, non-medical and public health professionals willing to assist CCDPH during public health emergencies. See page 5 for more information.





## **WEBSITE RESOURCES**

Visit these websites for more information about preparing for emergencies:

**American Red Cross**  
[www.redcross.org](http://www.redcross.org)

**Cook County Department of Public Health**  
[www.cookcountypublichealth.org](http://www.cookcountypublichealth.org)

**Cook County Department of Homeland Security and Emergency Management**  
[www.cookcountyhomeslandsecurity.org](http://www.cookcountyhomeslandsecurity.org)

**Federal Emergency Management Agency**  
[www.fema.org](http://www.fema.org)

**Illinois Department of Public Health**  
[www.idph.state.il.us](http://www.idph.state.il.us)

**Illinois Emergency Management Agency**  
[www.state.il.us/iema](http://www.state.il.us/iema)

**National Organization on Disability**  
[www.nod.org](http://www.nod.org)

**Ready-FEMA and DHS**  
[www.ready.gov](http://www.ready.gov)

**U.S. Centers for Disease Control and Prevention**  
[www.cdc.gov](http://www.cdc.gov)







## Get Prepared.

Practice Healthy Habits



COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
**CC-HHS**

Cook County Department  
of Public Health

**Be Aware.  
Get Prepared.  
Take Action.**



### **Prevent the spread of disease by practicing healthy habits**

- ☐ Wash hands with soap and warm water for 15 seconds before rinsing. When soap and water are not available, use alcohol-based, hand-sanitizer gel or wipes to clean hands.
- ☐ Avoid close contact with people who are sick.
- ☐ When you cough or sneeze, cover your mouth or nose with your arm or a tissue.
- ☐ Stay home when you are sick. Keep kids home when they are sick.
- ☐ Follow recommended vaccination schedules to protect babies, young children, adolescents and adults.
- ☐ Be sure to get the seasonal flu shot each fall to help prevent or reduce the symptoms of seasonal flu.
- ☐ Get plenty of sleep, exercise regularly, eat nutritious foods, manage stress and drink plenty of fluids.
- ☐ Cook foods thoroughly. Refrigerate or freeze leftovers within two hours of preparation.

### **Join the Cook County Medical Reserve Corps**

The Cook County Medical Reserve Corps (CCMRC) is an organized group of medical, non-medical and public health professionals willing to assist the Cook County Department of Public Health (CCDPH) during public health emergencies. CCDPH is the state-certified public health agency for suburban Cook County; with the exception of Evanston, Skokie, Oak Park and Stickney Township. We are currently recruiting volunteers for the CCMRC program.

During times of disaster, we need to work together to ensure our citizens are protected. Volunteering is a great way to give back to the community and potentially learn new skills. We greatly appreciate your willingness to consider volunteering for the CCMRC.

#### **To join, please follow these steps:**

1. Register at [www.illinoishelps.com](http://www.illinoishelps.com). We will receive notification that you have registered and chosen CCDPH as your primary MRC. We will run a background check and (if you are an active medical professional) verify your credentials.
2. Go to [www.cookcountypublichealth.org/how-to-get-involved/volunteer](http://www.cookcountypublichealth.org/how-to-get-involved/volunteer) to download the CCMRC Agreement and Emergency Management Agency (EMA) Oath.
3. Complete, sign, notarize and mail forms to:  
CCMRC Coordinator  
Cook County Department of Public Health  
Oak Forest Health Center  
15900 S. Cicero Avenue, Bldg. E - 3rd Floor  
Oak Forest, IL 60452
4. For any questions regarding volunteering, registration, training, etc., please email [cookcountymrc@gmail.com](mailto:cookcountymrc@gmail.com).

***Information about volunteer meetings and trainings will be sent when forms are received.***

**Be Aware.  
Get Prepared.  
Take Action.**

## Make a Family Communications Plan



**COOK COUNTY HEALTH  
& HOSPITALS SYSTEM  
CCHHS**

**Cook County Department  
of Public Health**

**COPY AND DISTRIBUTE TO ALL FAMILY MEMBERS. INCLUDE COPY IN EMERGENCY SUPPLY KIT.**

Make a family communications plan to help locate and identify each other in an emergency. Include an out-of-state emergency contact for everyone to call to say they are safe, in case local phone lines become jammed. It may be easier to call out-of-state than it is to call in-state.

### OUT-OF-STATE EMERGENCY CONTACT

Name	Address
Home Phone	City, State, Zip
Cell Phone	E-mail Address

### CONTACT AND MEDICAL INFORMATION FOR EACH FAMILY MEMBER

Name	Date of Birth
Social Security Number	Daytime Phone Number
Cell Phone Number	E-mail Address
Prescriptions	Allergies

Name	Date of Birth
Social Security Number	Daytime Phone Number
Cell Phone Number	E-mail Address
Prescriptions	Allergies

Name	Date of Birth
Social Security Number	Daytime Phone Number
Cell Phone Number	E-mail Address
Prescriptions	Allergies

Name	Date of Birth
Social Security Number	Daytime Phone Number
Cell Phone Number	E-mail Address
Prescriptions	Allergies

## **SHOPPING LIST**

*Gather supplies for at least one week. It is difficult to purchase everything at the same time. Purchase a few items per week to build up your kit. Rotate stock every six months to ensure it is used before the expiration date. Protect food from dampness, pests and animals.*

### **Storage/Kitchen Supplies**

- ☐ large plastic container with lid
- ☐ plastic storage bags with zipper (1-gallon and quart-size)
- ☐ paper plates, napkins, plastic utensils, garbage bags
- ☐ can opener (non-electric, manual)

### **Food & Drink**

- ☐ minimum 3 gallons of water per person (3-day supply)
- ☐ ready-to-eat foods that do not require cooking (e.g. non-perishable/canned/boxed fruits, vegetables, meals, baby food, and snacks, such as trail mix, nuts, energy bars, crackers)
- ☐ juice boxes, canned juices, powdered milk

### **Pharmacy/First Aid**

- ☐ toilet paper, feminine supplies, extra clothing
- ☐ toothbrushes, toothpaste, hand sanitizing gel
- ☐ eyeglasses, contact lenses, wetting solution and cleaner
- ☐ 2-week supply of all prescriptions
- ☐ first-aid kit for wound care (bandages, etc.)
- ☐ thermometer, ibuprofen, latex gloves, masks, tweezers

### **Equipment**

- ☐ battery-powered or crank radio, batteries
- ☐ blankets, bedding, air mattress(es), pillows
- ☐ flashlight, candles, waterproof matches, signal flare, whistle

### **Other**

- ☐ diapers, wipes, infant formula, pediatric electrolyte replacement products, diaper cream
- ☐ toys, games, books, coloring books, crayons
- ☐ equipment and supplies for family members with functional needs
- ☐ food, water, litter for pets
- ☐ cash
- ☐ copies of important documents (bank/credit cards, social security cards)

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
FY2012 SYSTEM LEADERSHIP GOALS  
THIRD QUARTER - AUGUST 2012**

#	GOAL	RESPONSIBLE LEADER(S)	COMPLETION DATE	STATUS
1	<b>Finance</b>	CEO		
	FY2012 Budget. Incorporate \$40.2M Reductions	CEO, System Leadership	11/30/2012	
	Close Encumbrances of \$12.9M			Completed 10/28/2011.
	Modify PWC Contract of \$5M			Completed 5/11/2012.
	Identify Reductions of \$11.3			On 3/23/2012 completed an additional closure of \$5.4 million in encumbrances.
	Achieve Additional Supply Chain Savings of \$3.5M			To date \$3M has been identified in savings through the standardization of services and supplies.
	Physician Billing	CEO, CMO	11/30/2012	
	Enroll Physicians in Medicaid/Medicare			Most of the credentialing and interface issues have been resolved. Collections are expected to increase in future months.
	Rollout Implementation throughout CCHHS			
	Realize Revenue Target of \$18M			Physician billing revenue through 08/2012 was \$4,031,000. At the present monthly collection rate the annual estimate is \$6.5M.
	Revenue Cycle		11/30/2012	
	Achieve Revenue Target of \$640M	CEO, CFO, Director of Intergovernmental Affairs		
	DSH of \$140M			On track to exceed by approximately \$11M.
	BIPA of \$131M			Will meet target.
	Patient Fees of \$245.9M	CFO		Progress is being made to increase collections. Collections are anticipated to be between \$50M - \$60M below budget. The impact of the UPL will influence the final shortfall.
	Other of \$6M			The FY2012 Budget included \$3.2M in rebates. The rebates are being received, but they are recorded as an offset to expense--not a source of revenue. The budget will not be met for parking.

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
FY2012 SYSTEM LEADERSHIP GOALS  
THIRD QUARTER - AUGUST 2012**

	GOAL	RESPONSIBLE LEADER(S)	COMPLETION DATE	STATUS
	Upper Payment Limit of \$20M	Director of Intergovernmental Affairs		CCHHS continues to work with HFS on resolution 11/30/2012; preliminary estimate (\$7M) lower than previous forecast by HFS..
	Retro Active Rate Adjustment of \$10M			Realized in 3/2012. Exceeded forecast by approximately \$37M.
	Process Backlog of Medicaid Eligibility Applications	CFO, Director of Intergovernmental Affairs	11/30/2012	Medicaid Eligibility & Disability Eligibility applications inventory down to 5672 as of 9/16/2012 from 13038 in 11/2011.
	Supply Chain Management			
	Complete Capital Acquisition Negotiations in the amount of \$1.5M	CEO, COO, Director of Supply Chain		To date approximately \$1,197,000 has been identified as savings on already purchased and/or awarded capital.
	Implement automation of supply chain Global Healthcare Exchange (GHX)	CEO, Director of Supply Chain		On 5/24/2012 the Finance Committee approved the contract with GHX to provide an electronic data interchange software solution. Amendment to fund added services and application models will be considered at the 9/21/2012 Finance Committee Meeting.
<b>2</b>	<b><u>Human Resources</u></b>	CEO, HR Director		
	Recruitment	HR Director	Ongoing	As of 09/10/2012 199 vacancies have been filled
	Focus on Critical Clinical Hires			<p>Clinical Vacancies Filled:</p> <ul style="list-style-type: none"> <li>- 48 RN positions (APN, Clinical Case Manager, CNI, CNII, Clinical Performance Analyst, In-House Registry, Nurse Coordinator II, Nurse Epidemiologist, Registered Nurse)</li> <li>- 4 LPNs</li> <li>- 29 MDs</li> </ul> <p>72 Clinical Support (Anesthesia Tech, Attendant Patient Care, Certified Nursing Assistant, Dietician, EKG Tech, Health Advocate, Health Service Rep, Interpreter, Lab Tech, Medical Social Worker, Medical Tech, OR Tech, etc.)</p>



**COOK COUNTY HEALTH AND HOSPITALS SYSTEM**  
**FY2012 SYSTEM LEADERSHIP GOALS**  
**THIRD QUARTER - AUGUST 2012**

#	GOAL	RESPONSIBLE LEADER(S)	COMPLETION DATE	STATUS
	1115 Waiver Hires		9/9/2013 Phase 1 – 1/28/2012	254 Hires. First phase of hiring initiated – 177 vacant positions.
	Hire Key Leadership Positions			
	COO			1/2012 Carol Schneider assumed role.
	CFO			6/2012 John Cookinham assumed role.
	Budget Director	CFO		Interviews have been completed; second round of interviews scheduled.
	Revenue Cycle Director	CFO		The first group of candidates has been interviewed; job to be reposted.
	CNO			Recruitment on hold.
	CIO			6/2012 CMIO Dr. Bala Hota assumed role as Interim CIO.
	Director of Human Resources			Recruitment on hold.
	Director of Public Affairs			Recruitment on hold.
	Director of Decision Support			Recruitment on hold.
	Retention	HR Director	Ongoing	
	Increase Employee Recognition	HR Director		CEO recognizes employees in monthly CEO Report as well as the Quarterly Managers Meeting.
	Expand Education/Training	HR Director		
	Develop CCHHS Employment Plan	HR Director, General Counsel		First draft completed; circulating internally.
<b>3</b>	<b><u>Public Relations</u></b>	CEO, Director of Intergovernmental Affairs, Director of Public Affairs, System Leadership		
	Engage IHA Members in charity care debate and with regards to referrals to Stroger Hospital ER		Ongoing	Have met regularly with the IHA President.
	Educate external constituencies regarding the value of the public hospital system to the community		Ongoing	Continue dialogue with various stakeholders.

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM**  
**FY2012 SYSTEM LEADERSHIP GOALS**  
**THIRD QUARTER - AUGUST 2012**

#	GOAL	RESPONSIBLE LEADER(S)	COMPLETION DATE	STATUS
	Enhance internal communication through access to CEO		Ongoing	Established monthly meetings with Nurse Leadership and Physician Leadership. Continue with quarterly management meetings. Created "Ask the CEO" on the CCHHS website.
	Encourage movement toward a regional health care delivery model.		Ongoing	Continue dialogue with various stakeholders.
4	<b>Quality</b>	CEO		
	Maintain Accreditation Status at all Member Organizations.	COO, Affiliate COOs		In compliance at all affiliates.
	Meet or Exceed National Benchmarks for Core Measures, National Patient Safety Goals, Patient Safety Indicators, and Hospital Related Complications.	CNO, CMO and Director of Quality & Patient Safety	Ongoing	Seventy five percent of the indicators meet the national benchmarks.
	Achieve Measurable Improvement in System-wide Press-Ganey Patient Satisfaction Survey Scores	COO, CMO, CNO	Ongoing	Over the past several months the CCHHS Patient Experience Group has presented to CCHHS Leadership, Stroger Medical Executive Committee and has scheduled a presentation at the October 3, 2012 Quarterly Managers Meeting. Multi-Disciplinary teams have been Identified to lead the five areas of opportunity to increase Visibility, Behavior, Communication, Reward & Recognition and Measuring Success. An offsite retreat is being developed to focus on the roll out and process in early to mid October. Press Ganey Scores have increased for the Emergency Room by 3 points during the last quarter.
	Implement the Medical Event Report System (MERS)	Risk Manager	2/2012	Implemented. Cermak went live 12/19/2011; Stroger went live 2/6/2012.
5	<b>Technology</b>	CEO, CMIO/CIO		
	Implementation of Power Chart 2012	CMIO/CIO	08/01/2012	



**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
FY2012 SYSTEM LEADERSHIP GOALS  
THIRD QUARTER - AUGUST 2012**

#	GOAL	RESPONSIBLE LEADER(S)	COMPLETION DATE	STATUS
	Implementation of Meaningful Use - EMR	CMIO/CIO		We have met the meaningful use requirements for eligible hospitals for Stroger Hospital, completion of the 90 day reporting period for Provident Hospital is expected 9/30/2012. We will begin the eligible provider 90 day reporting period on 10/31/2012.
	Implementation of Power Chart Ambulatory	CMIO/CIO		Project went live on 8/31/2012, successfully. Now focusing on performance aspects of electronic record.
	Depart Process	CMIO/CIO		Project went live on 8/31/2012, successfully. Now focusing on performance aspects of electronic record.
	Med Reconciliation	CMIO/CIO		Project went live on 8/31/2012, successfully. Now focusing on performance aspects of electronic record. Seeing increases in use of medication reconciliation will focus on increasing adherence among providers through reports and feedback.
	ICD 10 Compliance	CMIO/CIO	10/2014	On April 17, 2012 the Department of Health and Human Services (HHS) published a proposed rule that would delay, from October 1, 2013 to October 1, 2014, the compliance date for the International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10). Have begun meeting with Finance, Case Management, and HIM to develop a strategic plan for implementation.

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
FY2012 SYSTEM LEADERSHIP GOALS  
THIRD QUARTER - AUGUST 2012**

#	GOAL	RESPONSIBLE LEADER(S)	COMPLETION DATE	STATUS
	Implementation of Enterprise Rx E-Prescribing Pharmacy System	CMIO/CIO, COO	9/1/2012	This project went live system-wide on 08/20/2012. Post go-live issues caused delay in prescription processing and central fill/mail order pharmacy. A multi-departmental team is working to resolve issues and the software vendor has been engaged in this resolution process. The organization is expecting to return to normal processing times within the next 60 days. .
<b>6</b>	<b>Strategic</b>	CEO		
	1115 Waiver	Director of Intergovernmental Affairs	07/01/2012	CCHHS, HFS, and CMS are seeking finalization of Terms and Conditions.
	Prepare and Submit Application			Waiver Application submitted 01/2012.
	Center for Medicare and Medicaid Innovation (CMMI) Grant	CMO		
	Prepare and Submit Grant Application			Grant Application submitted 01/2012. Not selected.
	Implementation of Care Coordination Model	Interim Medical Director, 1115 Waiver Implementation	Ongoing	Training in Patient Centered Medical Home model initiated with staff of 5 pilot clinics. Specialty care use and capacity assessed, and redirection of patients to primary care as appropriate initiated with first 5 of 15 highest volume specialty clinics. Plan to increase capacity and introduce care coordination by integrating 254 new clinical staff into current ambulatory sites developed.
	Oak Forest Health Center	OFHC Executive Director		
	Relocation of Immediate Care Center		02/2012	The Immediate Care Center relocated from the H Building to E Building First Floor, South Wing on 2/25/2012.

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
FY2012 SYSTEM LEADERSHIP GOALS  
THIRD QUARTER - AUGUST 2012**

#	GOAL	RESPONSIBLE LEADER(S)	COMPLETION DATE	STATUS
	Design/Build Out of Phase I Renovation of ROC		09/2012	On 7/24/2012 the County Board approved the contract with The Lombard Company for the construction renovation project. The ground breaking was held on 8/22/2012. The renovation is scheduled to be completed by the 4Q 2012.
	Prepare and Submit CON for the ASC	Director of Intergovernmental Affairs	TBD	No plans for Oak Forest Ambulatory Surgical Center yet in place;
	Provident Hospital	Provident COO	11/30/2012	
	Prepare and Submit CON for Closure of OB/ICU			OB and ICU services at Provident remain "suspended". Assessment to determine whether or not a Certificate of Need (CON) Permit is required is in progress. Questionnaire re. CON Permit or Exemption to Permit completed 06/19/2012. Director of Intergovernmental Affairs to confer with IHFSRB regarding Staff Advisory Opinion. Next update 10/15/2012.
	MRI Capital Project			Walter Street architectural firm completed feasibility study and site recommendation on 07/14/2012. On 08/27/2012, Project Team confirmed MRI site. Team developing RFP for Architect of Record. Timeline as follows: Design/Build RFP to be completed 10/09/2012, expected for consideration to CCHHS Finance Committee 10/19/2012 and to full CCHHS Board 10/26/2012.
	Joint Project with University of Chicago at Provident			UCMC is currently developing its Strategic Plan and the CCHHS/UCMC potential affiliation continues to be of interest. The external affiliation component of the strategic plan will be evaluated during this process. The Strategic Planning process is expected to take a few months. Next update is set 11/30/2012.
	Develop Labor Management Council	CEO, Senior Leadership, Union Leadership	Ongoing	Established monthly meetings. Developing general principles of engagement.

Cook County Health and Hospitals System  
Board of Directors Meeting Minutes  
September 28, 2012

ATTACHMENT #7

# John H. Stroger, Jr. Hospital of Cook County



## Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Board of Directors

### INITIAL APPOINTMENT APPLICATIONS

Abraham, Mohan C., MD Appointment Effective:	Medicine/Nephro-Hypertension September 28, 2012, thru September 27, 2014	Voluntary Physician
Agarwal, Rajender K., MD Appointment Effective:	Medicine/Hospital Medicine September 28, 2012, thru September 27, 2014	Voluntary Physician
Lee, Anna Mae, MD Appointment Effective:	Medicine/Pulmonary September 28, 2012, thru September 27, 2014	Voluntary Physician
Menon, Kavita, MD Appointment Effective:	Medicine/Dermatology September 28, 2012, thru September 27, 2014	Active Physician
Ogale, Manisha, MD Appointment Effective:	Family Medicine/ACHN September 28, 2012, thru September 27, 2014	Active Physician
Onyenwenyi, Chijoke H., MD Appointment Effective:	Medicine/Hospital Medicine September 28, 2012, thru September 27, 2014	Voluntary Physician
Patel, Sanjay A., MD Appointment Effective:	Medicine/Hospital Medicine September 28, 2012, thru September 27, 2014	Voluntary Physician
Shah, Ami, MD Appointment Effective:	Surgery/Pediatrics September 28, 2012, thru September 27, 2014	Active Physician

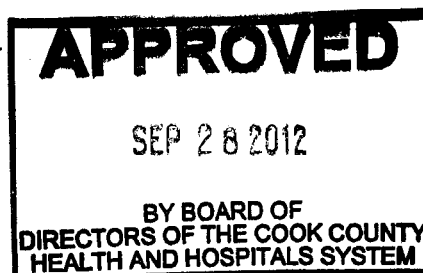
### INITIAL PRIVILEGES FOR NON MEDICAL STAFF

Kraeger, Carrie E., PA-C With Sherman, Scott C., MD Alternate Sergel, Michelle J., MD Effective:	Emergency Medicine September 28, 2012, thru September 27, 2014	Physician Assistant
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### REAPPOINTMENT APPLICATIONS

#### Department of Anesthesiology

Akintorin, Abayomi, MD Reappointment Effective:	Peds Anesthesia October 5, 2012, thru October 4, 2014	Active Physician
Hosseini, Mohammad, MD Reappointment Effective:	Anesthesiology October 19, 2012, thru October 18, 2014	Affiliate Physician



**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Anesthesiology(continued)**

Kirby, Marlon, MD	Anesthesiology	Affiliate Physician
Reappointment Effective:	October 19, 2012, thru October 18, 2014	
Jackson, Michele, MD	Anesthesiology	Affiliate Physician
Reappointment Effective:	October 19, 2012, thru October 18, 2014	
Johnson, Kimberly, MD	Anesthesiology	Affiliate Physician
Reappointment Effective:	October 19, 2012, thru October 18, 2014	
Swiner, Connie, III, MD	Anesthesiology	Affiliate Physician
Reappointment Effective:	October 19, 2012, thru October 18, 2013	
Waghray-Penmetcha, Taruna, MD	Anesthesiology	Active Physician
Reappointment Effective:	October 19, 2012, thru October 18, 2014	

**Department of Correctional Health Services**

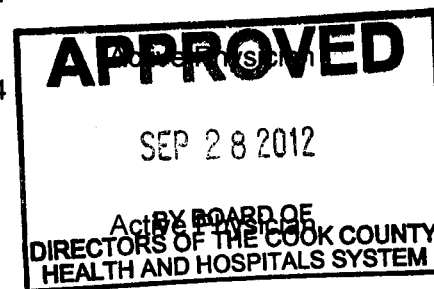
Raba, John, MD	Medicine	Voluntary Physician
Reappointment Effective:	October 17, 2012 thru October 16, 2014	

**Department of Emergency Medicine**

Aks, Steven, DO	Emergency Medicine	Active Physician
Reappointment Effective:	October 21, 2012, thru October 20, 2014	
Bryant Sean, MD	Emergency Medicine	Active Physician
Reappointment Effective:	October 20, 2012, thru October 19, 2014	
Fernandez, Rosaura, MD	Emergency Medicine	Active Physician
Reappointment Effective:	October 19, 2012, thru October 18, 2014	
Moskoff, Jordan, MD	Emergency Medicine	Active Physician
Reappointment Effective:	October 18, 2012, thru October 17, 2014	

**Department of Medicine**

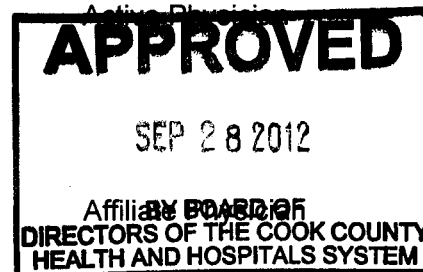
Atten, Mary Jo, MD	Gastroenterology	Active Physician
Reappointment Effective:	October 17, 2012 thru October 16, 2014	
Babu, Ambika R., MD	Endocrinology	Active Physician
Reappointment Effective:	October 16, 2012 thru October 15, 2014	
Baru, Joshua S., MD	Hospital Medicine	Active Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	
Doukky, Rami, MD	Adult Cardiology	Active Physician
Reappointment Effective:	October 16, 2012 thru October 15, 2014	



**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Medicine (continued)**

Goldberg, David N., MD Reappointment Effective:	General Medicine October 21, 2012 thru October 20, 2014	Active Physician
Mason, Ellen D., MD Reappointment Effective:	General Medicine September 28, 2012, thru September 27, 2014	Active Physician
Mathew, Suja M., MD Reappointment Effective:	General Medicine October 17, 2012 thru October 16, 2014	Active Physician
Norlock, Frances E., DO Reappointment Effective:	General Medicine October 16, 2012 thru October 15, 2014	Active Physician
Rodriguez, Sergio H., MD Reappointment Effective:	ACHN/General Medicine October 17, 2012 thru October 16, 2014	Active Physician
Rohr, Louis G., MD Reappointment Effective:	General Medicine October 12, 2012 thru October 16, 2014	Active Physician
Saksena, Franklin B., MD Reappointment Effective:	Adult Cardiology October 20, 2012 thru October 19, 2014	Honorary Physician
Scanzello, Carla R., MD Reappointment Effective:	Rheumatology September 28, 2012, thru September 27, 2014	Voluntary Physician
Sonenthal, Kathy R., MD Reappointment Effective:	Pulmonary & Critical Care October 17, 2012 thru October 16, 2014	Voluntary Physician
Vargas, Sergio, MD Reappointment Effective:	Hospital Medicine September 28, 2012, thru September 27, 2014	Active Physician
Woods, Darryl A., MD Reappointment Effective:	General Medicine October 18, 2012 thru October 17, 2014	Active Physician



**Department of Obstetrics and Gynecology**

Hudson-White, Carmen., MD Reappointment Effective:	OB/GYNE October 19, 2012, thru June 20, 2014	
Peaceman, Alan, MD Reappointment Effective:	Maternal Fetal Medicine October 19, 2012, thru October 18, 2014	Voluntary Physician
Radwanska, Ewa., MD Reappointment Effective:	Reproductive Endocrinology October 4, 2012, thru October 3, 2014	Consulting Physician

**Department of Pathology**

Manosca, Frances, MD Reappointment Effective:	Anatomic Pathology October 19, 2012, thru October 18, 2014	Active Physician
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**John H. Stroger, Jr. Hospital of Cook County**  
**Reappointment Applications**

**Department of Pediatrics**

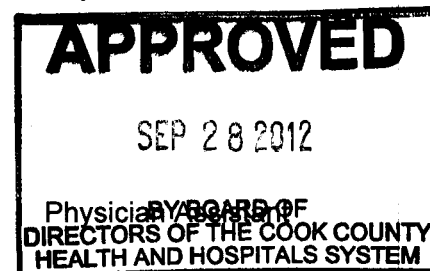
Boyer, Kenneth, MD	Pediatrics	Consulting Physician
Reappointment Effective:	September 28, 2012, thru September 27, 2014	
Pyati, Suma, MD	Pediatrics	Voluntary Physician
Reappointment Effective:	September 28, 2012, thru September 27, 2014	

**Department of Surgery**

Fung, Henry, DDS	Oral/Maxillofacial	Active Dentist
Reappointment Effective:	September 28, 2012, thru September 27, 2014	
Gasior, Robert, MD	Vascular	Active Physician
Reappointment Effective:	September 28, 2012, thru September 27, 2014	
Godsel, Mark, DPM	Podiatry	Active Podiatrist
Reappointment Effective:	September 28, 2012, thru September 27, 2014	
Kapustiak, James MD	Ophthalmology	Voluntary Physician
Reappointment Effective:	September 28, 2012, thru September 27, 2014	
Laverdiere, Julie, DDS	Oral/Maxillofacial	Active Dentist
Reappointment Effective:	September 28, 2012, thru September 27, 2014	
Prieto, Jorge, MD	Orthopedics	Active Physician
Reappointment Effective:	October 5, 2012, thru October 4, 2014	
Pulla Richard, DPM	Podiatry	Active Podiatrist
Reappointment Effective:	October 5, 2012, thru October 4, 2014	
Ukoha, Ozura, MD	Cardiothoracic	Active Physician
Reappointment Effective:	October 5, 2012, thru October 4, 2014	

**Renewal of Privileges for Non-Medical Staff:**

Barnes, Brenda L., PA-C	Medicine	Physician Assistant
<i>With Nasr, Isam F., MD</i>		
<i>Alternate Bailit, John M., MD</i>		
<i>With Leekha, Deepak, MD</i>	Medicine/General Medicine	
<i>Alternate Shah, Sejal, MD</i>		
Effective:	October 21, 2012 thru October 20, 2014	
Davis, Barbara A., PA-C	Correctional Health Services	
<i>With Khan, Marghoob, Ahmad, MD</i>		
<i>Alternate Richardson, Lendell, MD</i>		
Effective:	October 21, 2012 thru October 20, 2014	
Freeman, Bethann, PA-C	Emergency Medicine	Physician Assistant
<i>With Moskoff, Jordan B., MD</i>		
<i>Alternate Schabowski, Shari, MD</i>		
Effective:	October 21, 2012 thru October 20, 2014	

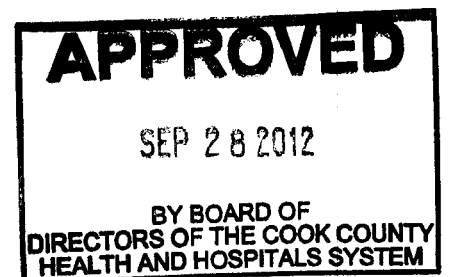




## John H. Stroger, Jr. Hospital of Cook County

### Renewal of Privileges for Non-Medical Staff (continued):

Joseph, Elsy T., CNP With Weddle, Jessica, MD Effective:	Psychiatry  October 21, 2012 thru October 20, 2014	Nurse Practitioner
Martinez, Antonio, PsyD Effective:	Psychiatry/ACHN September 21, 2012, thru December 31, 2012	Clinical Psychologist
McBride, Dianna J., CNP With Piller, Simon J., MD Effective:	Medicine / General Medicine  October 21, 2012 thru October 20, 2014	Nurse Practitioner
Miller, Barbara J., PA-C With Yordan, Edgardo, MD Alternate Sharma, Sameer, MD Effective:	Ob / Gyne  October 21, 2012 thru October 20, 2014	Physician Assistant
Pena, Marilou L., CNP With Cybulski, George R., MD Effective:	Surgery / Neurosurgery  October 21, 2012 thru October 20, 2014	Nurse Practitioner
Powers, Kathleen E., PA-C With Marcus, Elizabeth A., MD Alternate Bork, Jeffrey, MD Effective:	Surgery / Surgical Oncology  October 21, 2012 thru October 20, 2014	Physician Assistant
Scherr, Lisa K., CNP With Thomas, Tin T., MD Effective:	Medicine / Infectious Disease  October 17, 2012 thru October 16, 2014	Nurse Practitioner
Sithichoke-Rattan, Noi, CNP With Madrigano, Andrea, MD Effective:	Surgery / Breast Oncology  October 21, 2012 thru October 20, 2014	Nurse Practitioner
Williamson, Willa L., CNP With Hollowell, Courtney M., MD Effective:	Surgery / Urology  October 21, 2012 thru October 20, 2014	Nurse Practitioner



# Provident Hospital of Cook County



## Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Board of Directors

### INITIAL APPOINTMENT APPLICATION

Macias-Huerta, Carmen P., MD	Internal Medicine/Pulmonary	Affiliate Physician
Appointment Effective:	September 28, 2012, thru September 27, 2014	

### REAPPOINTMENT APPLICATIONS

#### Department of Anesthesiology

Jackson, Michele, MD	Anesthesiology	Active Physician
Reappointment Effective:	October 19, 2012 thru October 18, 2014	

#### Department of Emergency Medicine

Allegretti, Paul, MD	Emergency Medicine	Active Physician
Reappointment Effective:	October 19, 2012 thru October 18, 2014	

#### Department of Family Medicine

Miller, Joyce, MD	Psychiatry	Consulting Physician
Reappointment Effective:	September 28, 2012, thru September 27, 2014	

#### Department of Internal Medicine

Gueret, Renaud, MD	Pulmonary	Affiliate Physician
Reappointment Effective:	October 17, 2012 thru June 29, 2014	

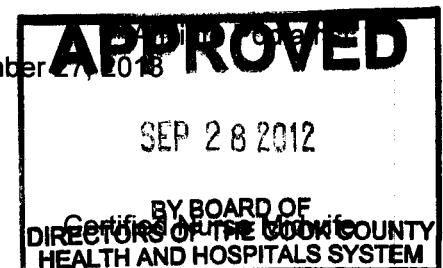
Pelaez, Victor M, MD	Cardiology	Active Physician
Reappointment Effective:	October 21, 2012 thru October 20, 2014	

#### Department of Surgery

Godsel, Mark, DPM	Surgery	
Reappointment Effective:	September 28, 2012, thru September 27, 2013	

#### Renewal of Privileges for Non-Medical Staff:

Matlock, Sharon, CNM	Family Medicine	
With Cash, Crystal D., MD		
Effective:	October 19, 2012 thru October 18, 2014	



**Provident Hospital of Cook County**  
**Renewal of Privileges for Non-Medical Staff (continued):**

**Teleradiologist:**

Browning, Jared C., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Caldemeyer, Karen S., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Cavazos, Cristina M., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Cobb, Mariel L., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Foral, Jonathan M., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Henry, Thomas D., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Jacobson, Leslie S., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Morais, Joshua D., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Prominski, William E., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Spinuzza, Thomas J., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Talmi, Danit, MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Tran, Ann A., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Turner, James H., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Uytana, Vinson L., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014
Zinn, William L., MD Effective:	Radiology/Virtual Radiologic November 16, 2012 thru November 15, 2014

